

**MICHIGAN DEPARTMENT OF AGRICULTURE
PESTICIDE AND PLANT PEST MANAGEMENT DIVISION**

P.O. Box 30017, Lansing, Michigan 48909

APPLICATION FOR WHOLESALE POTATO DEALER LICENSE
(LICENSE EXPIRES MAY 31)

Dept. Use Only - Leave Blank

Lic. No. _____

Mailed _____

Pursuant to the provisions of Act No. 158 of the Public Acts of 1964, as amended, application is hereby made for a license to conduct a wholesale potato dealer business in the State of Michigan for the period between June 1, 2006, through May 31, 2007, and submit a surety bond or letter of credit, if necessary, in accordance with Sections 8 & 9 of the above Act. Engaging or purporting to be engaged in the business of a wholesale potato dealer or advertising as a wholesale potato dealer without obtaining a Wholesale Potato Dealers License is a misdemeanor, punishable by a fine.

DEPARTMENT USE ONLY	1. BUSINESS NAME 		
	BUSINESS ADDRESS (Number, Street, City, State, Zip Code) 		
	2. MAILING ADDRESS (if different) 		
	3. BUSINESS TELEPHONE ()	COUNTY	
READ THE ACCOMPANYING INSTRUCTIONS BEFORE COMPLETING THE APPLICATION (PLEASE TYPE OR PRINT)			
4. BUSINESS OWNED BY: (Check One) <input type="checkbox"/> INDIVIDUAL PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GROWER COOPERATIVE <input type="checkbox"/> ASSOCIATION			
5. OWNER(S): LIST THE TITLE, FULL NAME, AND RESIDENCE ADDRESS FOR ALL OWNERS, PARTNERS, OR OFFICERS.			
TITLE	NAME OF INDIVIDUAL	RESIDENCE STREET ADDRESS	CITY, STATE, ZIP CODE
6. BRANCH BUSINESS: If applicant intends to conduct business at additional locations, <u>other</u> than that listed in Section 1 (above), list name and address of each additional location where business is conducted. A certified copy of the license is required for each additional location: \$5.00 each (See Section 11 of application). (If more than 3 branch locations, use additional sheet of paper.)			
NAME	STREET ADDRESS	CITY, STATE, ZIP CODE	

7. LOCAL AGENTS or BUYERS: An identification card is required for each person authorized as an agent or buyer under this license, or the individual licensee if acting as his/her own agent: \$5.00 each (see Section 11 of application) (If more than 4 agents, use additional sheet of paper.)

FULL NAME OF EACH AGENT OR BUYER (At Least ONE is Required)	RESIDENCE STREET ADDRESS	CITY,STATE, ZIP CODE

8. FINANCIAL SECURITY: (Bond or Irrevocable Letter of Credit)

I. (a) If applicant is a **new business** that has not operated in Michigan, what is the estimated amount of business to be done annually?

_____ \$
(Cwt. Amount) (Dollar Amount)

(b) If applicant is a **grower cooperative** as defined in Sections 1(h) and 8(2) of P.A. 158 of 1964 as amended, insert here the amount paid for potatoes purchased from or handled for NONMEMBERS during the month in which the maximum volume of Michigan grown potatoes was bought or handled during the **past calendar year**.

_____ \$
(Cwt. Amount) (Dollar Amount)

(c) **All other applicants:** Insert here the amount paid for Michigan grown potatoes purchased from or handled for growers during the month in which the maximum volume of Michigan grown potatoes was bought or handled **during the past calendar year**.

_____ \$
(Cwt. Amount) (Dollar Amount)

II. BOND OR IRREVOCABLE LETTER OF CREDIT MUST BE **DOUBLE** THE DOLLAR AMOUNT LISTED IN (a),(b), OR (c) ABOVE, BUT **NOT LESS THAN \$10,000 OR MORE THAN \$100,000**.

IF BONDED: (Check One)

☐ Bond is **currently on file** with the Michigan Department of Agriculture

_____ \$
Bond Number Bond Amount

☐ Bond is **enclosed** with this application:

_____ \$
Bond Number Bond Amount

Surety Company:

(Name, Street Address, City, State, Zip Code)

Surety Agent:

(Name, Street Address, City, State, Zip Code)

IF IRREVOCABLE LETTER OF CREDIT: (Check One)

☐ Letter of Credit is **currently on file** with the Michigan Department of Agriculture

_____ \$
(Letter of Credit Number) (Letter of Credit Amount)

☐ Letter of Credit is **enclosed** with this application

_____ \$
(Letter of Credit Number) (Letter of Credit Amount)

Issuing Bank:

(Name, Street Address, City, State, Zip Code)

9. ANSWER "YES" OR "NO" TO EACH OF THE FOLLOWING:

YES NO

(a) We will keep accurate records and accounts of all transactions as a wholesale potato dealer and retain them for a period of three years after their respective events, subject to examination by agents of the Director, Michigan Department of Agriculture.

☐ ☐

(b) Have you ever been refused, had canceled or suspended a license under the Federal Perishable Agricultural Commodities Act (P.A.C.A.) of 1930?

☐ ☐

(c) Have you or an employee ever been refused, had canceled or suspended a license to operate as a wholesale potato dealer in another state?

☐ ☐

(d) We agree to all conditions of the surety bond or irrevocable letter of credit.

☐ ☐

Give explanation or details regarding any license revocation, cancellation, or suspension (use additional sheet of paper if necessary):

10. I hereby certify that the information provided herewith is true, correct, and complete to the best of my knowledge.

X		X
(Signature of Applicant)	(Title)	(Date Signed)

11. REMITTANCE:

(a) LICENSE FEE:..... = \$100.00

(b) IDENTIFICATION CARDS: A card is required for each Agent/Buyer (at least one card is required); See Section 7:

- Number of Agents/Buyers_____X\$5.00 = \$

(c) CERTIFIED LICENSE COPIES

A certified copy of license is required for each location of business as listed in Section 6.

- Number of additional locations _____X\$5.00 = \$

Make remittance payable to the STATE OF MICHIGAN and mail to:

MICHIGAN DEPARTMENT OF AGRICULTURE, PESTICIDE & PLANT PEST MANAGEMENT, PO BOX 30017, Lansing, Michigan 48909